

PART B - FEE(S) TRANSMITTAL

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08/18/2010

SCHWEGMAN, LUNDBERG & WOESSNER/EBAY
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Melissa Marsh	(Depositor's name)
<i>Melissa Marsh</i>	(Signature)
November 18, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/583,216	05/30/2000	Lou Leonardo	2043.157US1	2363

TITLE OF INVENTION: METHOD AND SYSTEM FOR REPORTING FRAUD AND CLAIMING INSURANCE RELATED TO NETWORK-BASED TRANSACTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	11/18/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
FRENEL, VANEL	3687	705-004000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schwegman, Lundberg

& Woessner, P.A.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

eBay Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **19-0743**. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Typed or printed name **Gregory M. Stark**

Date **11/18/2010**

Registration No. **62,731**

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